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On the Role of Social Factors and Professional Dynamics on Female Genital Cosmetic Surgeries in Mashhad, Iran: A Qualitative Study

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ABSTRACT

Objectives: This qualitative study investigates the complex interplay of social, cultural, and professional dynamics influencing women's decisions to undergo Female Genital Cosmetic Surgery (FGCS) in Mashhad, Iran. The research aims to explore how reference groups—including physicians, prior patients, and media representations—shape perceptions and decisions regarding FGCS within the broader context of shifting gender norms and esthetic expectations in Iranian society.

Methods: The study employed a qualitative design using in-depth, semi-structured interviews with 26 women aged 18 to 46 who had undergone or considered FGCS. Data were analyzed through Colaizzi's phenomenological method to capture the lived experiences and meaning structures of participants. The thematic analysis identified recurring patterns related to social influences, medical authority, marketing strategies, and ethical concerns within private clinical settings.

Results: Several pivotal themes emerged from the analysis. Physicians held significant influence as authoritative reference points, often guiding patients' esthetic ideals while engaging in unethical practices within private clinics. Financial facilitation mechanisms—including discounts, installment plans, and tax evasion—were frequently employed to encourage surgical uptake. Additionally, the persuasive role of social media, online influencers, and patient promoters contributed to normalizing FGCS as a socially acceptable intervention. The study also revealed a troubling absence of regulatory oversight in private clinics, exacerbating malpractice risks and ethical violations.

Conclusions: The findings underscore the convergence of professional authority, cultural narratives, and commercial interests in shaping women's intimate bodily decisions in contemporary Iran. FGCS is situated within a complex matrix of bodily autonomy, religious morality, esthetic aspiration, and social mobility. The study highlights the urgent need for public education on natural genital diversity, stricter ethical guidelines for medical professionals, and comprehensive policy reforms to safeguard patient rights and ensure informed, consensual, and ethical cosmetic practices.

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Female Genital Cosmetic Surgery (FGCS); Female Genitalia; Doctors role; Media; Promoters

Introduction

FGCS, or Female Genital Cosmetic Surgery, encompasses a variety of procedures aimed at augmenting the appearance and functionality of the female genitalia. While primarily pursued for esthetic purposes, some interventions, notably labiaplasty, may also have medical justifications. The demand for FGCS has surged in recent years, extending beyond adults to include adolescent girls (Srikrishna & Cardozo, 2017). Labiaplasty stands out as the most prevalent procedure in this category (Statistics, 2018), ranking as the 15th most favored plastic surgery option among female patients in 2019 (ISAPS, 2020). On a global scale, data from the International Society of Esthetic Plastic Surgery reveals a notable increase in labiaplasties, with 164,667 procedures reported in 2020, marking a 73% rise from 2015 (Kalampalikis & Michala, 2023; Surgery, 2020).

Labiaplasty constitutes the most prevalent form of female genital cosmetic surgery, involving the surgical reduction of the labia minora to ensure they are either proportionate to or concealed by the labia majora. The labia minora are defined as hairless, non-adipose cutaneous folds situated

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medially to the labia majora, demarcating the borders of the vaginal vestibule (Hayes & Temple-Smith, 2021).

In addition, colporrhaphy—commonly referred to as anterior and posterior repair—comprises a series of minimally invasive surgical procedures designed to address pelvic organ prolapse. This condition arises from the weakening or deterioration of the pelvic supportive structures, resulting in the displacement of pelvic organs that subsequently exert pressure on the vaginal walls. Anterior repair involves repositioning the bladder and reinforcing the connective tissue separating the bladder from the vaginal wall to restore both anatomical structure and functional integrity. This technique is also known as anterior vaginal wall repair or anterior colporrhaphy (Baylor Medicine, 2023).

Furthermore, gynecological fat transfer, often termed *Labia Puffing*, is a cosmetic procedure aimed at enhancing and rejuvenating the appearance of female genital tissues by restoring lost volume. The process entails harvesting adipose tissue via liposuction, isolating the fat cells, and subsequently injecting the purified fat into targeted areas. As a noninvasive intervention, it delivers immediate esthetic improvements with minimal recovery time, effectively augmenting labial volume and producing a fuller, more youthful contour (Mayou, 2025).

Some of the rationales behind opting for cosmetic surgery include the influence of a capitalist economy (Luo, 2013), the role of surgeons as trendsetters and cultural guardians of beauty (Menon, 2019), the impact of media on beauty standards (Hodgkinson, 2021; Okumuş, 2020), the strategies employed on social media platforms (Menon, 2019), the pursuit of social connections, apprehension regarding unattractiveness and isolation (Luo, 2013; Okumuş, 2020), adjustment to contemporary values and reshaped gender expectations, as well as the quest for social advancement and class mobility (Luo, 2013) and dissatisfaction with one's own body (Beos et al., 2021).

In a study conducted in Iran, Azizi et al. (2008) discovered that advertisements (in conjunction with technological advancements) play a significant role in boosting the demand for cosmetic procedures. This surge in demand often results in unrealistic expectations, distortion of the true nature of surgery, and a rise in medical malpractice lawsuits stemming from patient discontent with the surgical outcomes.

The non-therapeutic nature and commercial viability of cosmetic surgery prompt technology developers and surgeons to devise strategies to attract individuals seeking beauty enhancements; thereby perpetuating a continuous market for such procedures. The concept of "market-seeking in cosmetic surgery" encompasses various activities undertaken by cosmetic surgeons on social media platforms (medical websites, social networking pages, etc.), as well as in medical facilities and other settings, to bolster the cosmetic surgery market, potentially becoming ingrained in society (Hosseini & Afrasiabi, 2024).

This is a form of strategic approach wherein cosmetic surgeons invest in various sectors mentioned above, aiming to foster economic growth within their field of expertise. Within this framework, cosmetic surgeons act as market enthusiasts of cosmetic procedures, while the patients serve as seekers of beauty enhancements. The potential adverse effects of cosmetic surgery, including discrepancies between the anticipated outcomes and the actual results of the procedures, could be attributed to extensive and unregulated market-driven pursuits. Such circumstances might fuel a strong inclination toward undergoing surgery and foster unrealistic anticipations regarding the surgical outcomes (Hosseini & Afrasiabi, 2024; Jones et al., 2020; Wu et al., 2020).

According to Kalaaji et al. (2019), the average age of patients undergoing surgery was recorded at 30.8 years. The motivations behind seeking surgery encompassed cosmetic, physical/practical, emotional, and intimate reasons, respectively. Emotional factors, influenced by media, pornography, and negative feedback, played a significant role in the decision-making process for undergoing surgical procedures. Concerns related to genital esthetics had detrimental impacts on self-esteem (63.2%) and perceived sexual appeal (57.9%) among respondents, with 90.5% contemplating surgery for over a year. Overall, 69.8% of participants expressed satisfaction with the cosmetic outcomes, while 75.5% deemed the overall surgical experience satisfactory. The majority of

patients reported contentment with the results of the surgery and expressed willingness to recommend such procedures to others.

Building upon these personal and emotional motivations for undergoing surgery, it is crucial to consider the broader cultural forces that shape such perceptions, particularly the influential role of social media in constructing and perpetuating idealized body images and esthetic norms. Regarding the implications of social media, it is likely that: 1. "Social media blurs imperfection and portrays the issues and people as perfect 2. social media blends the lives of people with their avatars and both realities are blended on a social profile 3. social media bends the mainstream realities to the institutional interest of big corporates of social media" (Nevzat, 2018).

The institutional interest of social media platforms and advertising partners plays a crucial role among various facts. A large number of individuals reside in the virtual realm of social media, encountering numerous political, personal, and social transformations. Baran and Davis delve into this phenomenon by examining The Commodification Culture Theory, which scrutinizes the repercussions of mass production on culture. It becomes evident that the prevalent "happy-go-ideology of social media" (Fuchs, 2014) fosters a culture where individuals exhibit heightened sensitivity toward political matters, exude extreme contentment in their social interactions, and showcase exceptional success in their professional endeavors. This culture is shaped by social media giants like Facebook, Instagram, Snapchat, Twitter, and YouTube, where users incessantly compete to post curated images reflecting their social life and identity (Nevzat, 2018).

On social networking platforms, users frequently depict an idealized version of reality, portraying a flawless body image, idyllic vacations, perfect relationships, and an overall impeccable life, thereby distorting the mundane aspects of everyday existence shared with their audience. This depiction starkly contrasts with the reality articulated by Nevzat (2018). Physicians also play a role in cultivating and promoting the notion of an ideal body through social media, encouraging individuals to align their physical appearance with this standard through cosmetic procedures.

According to Reference Group Theory (Merton, 1957), individuals frequently turn to particular social groups or authority figures as points of comparison when assessing their own attitudes, beliefs, and behaviors. Within the sphere of female genital cosmetic surgery (FGCS), medical professionals—especially those specializing in esthetic and reconstructive procedures—function as salient reference groups. As authoritative and trusted figures, their perspectives and clinical recommendations exert considerable influence over patients' conceptions of normative bodily esthetics and appropriate health-related practices. When physicians endorse or implicitly validate FGCS, they contribute to framing the procedure as both medically advantageous and socially acceptable, thereby prompting patients to view it as a desirable option.

Concurrently, Cultivation Theory (Gerbner & Gross, 1976) posits that sustained and repetitive exposure to dominant messages within cultural narratives—including those disseminated through medical consultations—can progressively shape individuals' perceptions of social reality. In clinical settings, physicians' discussions of idealized genital esthetics, functional issues, and the purported psychosocial advantages of FGCS serve to cultivate specific beauty ideals and bodily anxieties among patients. Over time, this repeated exposure reinforces the perception of FGCS as a normalized, if not essential, intervention for achieving bodily satisfaction, ultimately influencing patients' attitudes and decisions regarding the procedure.

The current investigation aims to delve into women's viewpoints and encounters concerning genital cosmetic surgery from the lens of medical sociology, examining the influence of doctors, unethical practices, patient perceptions, trust in medical professionals, and various external factors such as media portrayal, marketing strategies, financial support, stereotypes, facilitators, and persuasive elements. The central inquiry revolves around the factors influencing women's decisions to undergo cosmetic surgery, encompassing inquiries into the impact of 1) doctors as a reference group on patient attitudes toward genital cosmetic surgery (GCS), 2) the role of media in shaping women's perspectives on GCS,

3) the potential influence of financial constraints on GCS, 4) the impact of stereotypes on individuals' decisions regarding GCS, and 5) the extent to which marketers influence patients' inclinations toward such procedures.

Participant

The research sample comprised 26 women with ages spanning from 18 to 46 years, all of whom had received female genital cosmetic surgery. Within this group, 14 were homemakers, while the remaining 12 were in paid employment. Concerning marital status, the majority of participants were married (20), with 3 being single and 3 were divorced. Furthermore, 24 women underwent Labiaplasty, 13 underwent Colporrhaphy, 2 received fat injections, and 11 had multiple surgical procedures.

Methodology

This study adopted a qualitative research design informed by phenomenology to explore the lived experiences of women in Mashhad, Iran, who had undergone Female Genital Cosmetic Surgery (FGCS), including procedures such as labiaplasty, colporrhaphy, and gynecological fat transfer. The investigation aimed to uncover the subjective meanings and core essence of FGCS as perceived by the participants themselves. A total of twenty-six women, aged between 18 and 46, were recruited through purposive and snowball sampling methods to ensure a diverse representation in terms of marital status, professional roles, and socioeconomic backgrounds.

In-depth interviews were conducted with all participants, who were assured anonymity throughout the research process. The interviews explored a range of topics, including the personal and social motivations behind opting for such surgeries, the role of healthcare professionals in influencing patient decisions, and the impact of media portrayals and marketing strategies on their choices. This phenomenological approach enabled a nuanced understanding of the individual and cultural factors shaping women's experiences with FGCS in the Iranian context.

From the outset, both the therapeutic and esthetic aspects of sexual surgeries—such as colporrhaphy, fat injection, and labiaplasty—were taken into consideration. Some individuals undergo these procedures for therapeutic reasons. However, in line with the objective of the study, interviews were conducted exclusively with those individuals who had chosen to undergo such surgeries for esthetic purposes (Table 1).

Procedure

This investigation utilized a qualitative research methodology to collect data via face-to-face and telephone interviews. The participants were women who had undergone genital cosmetic surgery in Mashhad, Iran. Two approaches were employed to identify these patients. Initially, visits were made to the doctor's office with a request for a list of patients who had undergone the FGCS procedure. Subsequently, snowball sampling was utilized to inquire if the patients were aware of others who had undergone similar procedures.

Following this, appointments were arranged with the identified individuals for the interviews. The participants were asked to record their responses during the interviews, which lasted between 30 to 60 minutes, using a mobile device. Data collection through interviews was discontinued once thematic saturation was achieved, with no new themes emerging from subsequent interviews. Therefore, with 26 patient the interview with women was stopped.

The primary aim of these interviews was to present detailed and precise accounts of the patients' personal experiences, including their emotions, thoughts, and knowledge. Additionally, the influence of physicians as a point of reference was evaluated. To accomplish this objective, a descriptive qualitative design with a phenomenological approach was employed. The analysis of the interview transcripts involved a thorough and continuous examination. Categories were formed by scrutinizing data segments and drawing from pertinent literature until no new categories emerged. The complete texts were divided into excerpts based on their content during this process. The essence of each excerpt was distilled through semantic and contextual analyses. Coherence was

Table 1. Demographic information per participant.

	Participant Pseudonyms	Age	Relationship Status	Job	Female Genital Cosmetic Surgery
1	Nastaran	41	Married (Second Marriage)	Midwife	Labiaplasty
2	Bahar	26	Married (Third Marriage)	Medical marketer	Labiaplasty and Colporrhaphy
3	Setareh	29	Divorced	Housewife	Labiaplasty
4	Maryam	42	Married	Housewife	Labiaplasty
5	Sara	28	Single	Dental nurse	Labiaplasty
6	Nazanin	34	Married	Housewife	Labiaplasty
7	Fatemeh	46	Married	Housewife	Labiaplasty and Colporrhaphy
8	Elahe	37	Married	Babysitter	Colporrhaphy
9	Hamideh	18	Single	Student	Labiaplasty
10	Sahar	47	Married	Masseur	Labiaplasty and Colporrhaphy
11	Samaneh	37	Married	Housewife	Labiaplasty and Colporrhaphy
12	Aynaz	28	Divorced (in the process) (Second Marriage)	Clothing seller	Labiaplasty and Colporrhaphy
13	Mina	29	Married	Housewife	Labiaplasty
14	Mobina	23	Single	Model / Seller	Labiaplasty
15	Leila	31	Married	Housewife	Labiaplasty and Colporrhaphy
16	Hananeh	38	Married	Midwife	Labiaplasty
17	Yeganeh	35	Married	Secretary	Labiaplasty
18	Parisa	49	Divorce	Secretary	Colporrhaphy
19	Soheila	38	Married (Second Marriage)	Housewife	Labiaplasty
20	Melika	36	Married	Housewife	Labiaplasty and Colporrhaphy
21	Negar	32	Married	Housewife	Labiaplasty and Colporrhaphy
22	Hanieh	35	Married	Housewife	Labiaplasty
23	Athena	26	Married	Accountant	Labiaplasty
24	Mahsa	30	Married	Housewife	Labiaplasty, Colporrhaphy, fat injection
25	Heliya	26	Married	Housewife	Labiaplasty and Colporrhaphy
26	Ghazal	38	Married	Housewife	Labiaplasty, Colporrhaphy and fat injection

evaluated at each stage via a semantic analysis by referring back to the original excerpts.

In addition to interviews, we collected 13 publicly available advertisements related to FGCS from Websites between March - April 2025. These were included in the content analysis to explore how media representations influence patient decisions. Figures illustrated the strategies used to persuade and encourage patients to FGCS, such as the use of discounts and special offers, the introduction and promotion of doctors, sharing patient testimonials about their experiences and satisfaction from the doctor, and emphasizing the advantages of each type of genital cosmetic procedure. The advertisements were included in the content analysis to explore how media representations influence patient decisions and persuade them to do the FGCS.

Furthermore, ethical approval for this study was obtained from Ethics Committee IR.UM.REC.1403.349. Participants were assured of confidentiality and anonymity, and informed consent was obtained from all individuals prior to data collection.

All participants provided written informed consent prior to their involvement in the study. They were fully briefed on the nature, objectives, and procedures of the research, and assured of their right to withdraw at any point without any consequences. Confidentiality and anonymity were guaranteed, and no identifying information is included in the publication.

Measurement

In the collaborative development of interview questions, the team drew upon the existing literature on qualitative research on FGCS. These inquiries were designed to delve into participants' immediate thoughts and emotions about FGCS, the initial driving force behind it, the influence of doctors on attitudes toward FGCS, the social and economic factors at play, and the impact of media on women's personal experiences.

Data analysis

Data were gathered through in-depth, semi-structured interviews conducted either in person or via telephone. These interviews explored participants' motivations for undergoing FGCS, their perceptions of Genital area image, the role of

physician influence, and the impact of sociocultural expectations. Interviews were conducted until thematic saturation was reached. With participants' consent, all interviews were audio-recorded, transcribed verbatim, translated into English, and pseudonymized to ensure confidentiality.

The data were analyzed using Colaizzi's seven-step phenomenological method, which entailed extracting significant statements, formulating meanings, organizing these into thematic clusters, and validating the findings through participant feedback. MAXQDA 2018 software was utilized to facilitate systematic coding and theme categorization. This methodological framework was informed by the work of Nezhad et al. (2023), who applied a phenomenological approach to examine women's post-FGCS experiences using Colaizzi's method (Colaizzi, 1978) and maintained research rigor by adhering to Lincoln and Guba's criteria (Guba & Lincoln, 1994) for trustworthiness. The present study aligns with and builds upon this model, offering a relevant and methodologically sound point of comparison.

Results

Doctors as a reference group

A total of four out of 26 female participants articulated that "the physician indicated that post-surgery, your physique will be identical to that of young girls". They urged me to undergo the procedure, citing a prevalent stereotype in our society.

Patients' trust in doctors

This can be categorized into three groups. Firstly, patients rely on the physician's expertise, skills, the country and university of graduation, and the location of their practice. Patients tend to trust doctors with practices in the upscale areas more, assuming they possess greater experience due to location and patient volume, compared to those in low-class locations. Secondly, patients place their trust in physicians who have previously cared for them during pregnancy and childbirth, appreciating their kind and compassionate demeanor. Mina expressed, "She was my doctor during pregnancy and delivery, and I trust her, given our positive experience, I am confident in her abilities for my cosmetic surgery." Leila added, "I initially sought treatment when unwell, received effective care, leading me to trust her opinion for cosmetic procedures." (Table 2).

Unethical conduct by physicians

Some physicians exhibit unethical conduct in convincing patients to undergo cosmetic surgery. Initially, they establish trust with patients, and then exploit this trust to manipulate perceptions and stigmatize the patient's genital area. Subsequently, due to the patient's lack of knowledge and experience regarding different body types, physicians take advantage of this gap to easily persuade them. Finally, patients are encouraged to undergo multiple cosmetic procedures to achieve an ideal genital area and enhance their sexual satisfaction. Overall, in some cases, a number of physicians capitalize on their patients' ignorance, lack of information, and trust to push unnecessary cosmetic surgeries. Another unethical practice observed among medical practitioners arises when patients seek treatment for a specific concern, yet some physicians, through the use of exaggerated and inappropriate language, characterize the genital area as defective and subsequently encourage or pressure patients to consent to cosmetic genital surgery.

For instance, Fatemeh recounted her experience where she sought treatment for an infection, but was instead advised to undergo Labiaplasty. She was subjected to aggressive persuasion, with the doctor criticizing her genital area as imperfect, highlighting the need for surgery due to a perceived major Labia issue. Despite the standard cost being 3 million Toman, the doctor insisted on a higher fee of 4 million Toman for a more complex operation. This left Fatemeh feeling distressed and uncertain about her genital area, prompting her to seek a second opinion. Another physician reassured her that she was fine, even pointing out more significant cases, and left the decision for surgery to Fatemeh's discretion. This validation brought her peace of mind, although she expressed a lingering consideration for the surgery in the future, as shared by Yeganeh.

Table 2. Factors that lead Females to Genital Cosmetic Surgery (FGCS).

Themes	Subordinate themes	Exemplary Quotes
Doctors as a reference group	Patients' trust in doctors	Due to the doctor's professional experience and expertise, I trusted her.
		I had gone to this doctor for my childbirth, and I trusted them.
		I had visited the doctor for treatment, and because I had improved, I trusted them.
	Unethical conduct by physicians	I had gone to the doctor for treatment of my problem (infection, bladder prolapse, urinary frequency), but doctor suggested a cosmetic surgery instead.
		Because I have been a doctor's assistant (midwife and receptionist) for many years, I learned how to perform surgeries and now assist the doctor experientially during surgeries.
		Handing over the surgical procedure to a trainee or intern after the patient is anesthetized, and in fact, the surgery is performed by a non-physician whom the patient has consulted.
		For various reasons, the doctors license for surgery is revoked. However, they refer their patients to other colleagues and receive a commission (without the patient's consent).
		I didn't know what the cosmetic surgery was or how it was done. However, because I trusted the doctor, I accepted the offer when it was presented to me.
		I wanted to have labiaplasty done, and the doctor said they would perform another cosmetic surgery for me as well. I didn't know what the operation was, but because of my trust, I agreed.
		The doctor told me, "It's very different for you. You should undergo this surgery".
		With a harsh tone and demeanor, the doctor told me, "You need to have labiaplasty".
		The doctor said, "It would be much better if you undergo the surgery".
	The ease of performing cosmetic surgery in the office (both the patient and the doctor)	Doing surgery inside the office doesn't take much time and is done with anesthesia.
		Due to the convenience of the operation being performed in the clinic, I preferred to have it done there.
		The surgery is performed in the clinic with local anesthesia and without general anesthesia. It also takes less time. There are no hospital-acquired infections and diseases.
		I was very satisfied with my surgery and I encourage and persuade others to undergo the same procedure.
	Solutions of doctors for patients' financial issues	**Free of charge**
		The doctor told me have the surgery for free. I was tempted and went for cosmetic surgery.
		Discount from the doctor
		The doctor had offered a discount for the surgery. I had the surgery for 3 million Tomans.
		Tax evasion
		They took half of the money in cash and the rest through bank transfer
		I paid the full amount through bank transfer
		Payment with foreign currency
		We accept payment for the surgery in Dollars and Euros instead of Rials.
		Installment payment
		For those facing financial difficulties, we offer installment plans to ensure they can have the surgery.
		Occasional discounts
		We offer discounts on various religious and national occasions, such as Norouz, Women's Day, and Valentine's Day.
	Media	**Active presence on social media:**
		Doctors regularly shared posts, stories, and updates about surgeries on their page, and I followed these updates.
		Quick responses to inquiries on Telegram
		Doctor's website:
		I visited the doctor's website and obtained information about the doctor, their ratings, the procedure, and others' reviews about the surgery.
		Advertisements:
		I saw advertisements for the surgery on the Internet and Instagram.
	Clinic marketing tactics	I have been working as a receptionist in the doctor's office for 25 years (Receptionist of a doctor).
		I have been working as a midwife with the doctor for 13 years.
	Performing the operation for the promoter	The doctor told me, "I'll perform the surgery for you for free and you promote it for me and bring in customers".
		The doctor said, "Persuade someone to undergo labiaplasty, and in return, I'll give you a commission." I was tempted by the money, so I did it and received 12 million. (Equivalent to $500)

(*continued*)

Table 2. Continued.

Themes	Subordinate themes	Exemplary Quotes
	Using societal stereotype	The doctor had told me that the Labia would be greatly improved after the surgery and would resemble those of young girls.
Lack of supervision in private clinics		If any issues arise, the doctor does not take responsibility for them.
Patients as a reference group		Since the doctor performed my GCS very well, I recommended her to others for undergoing similar procedures.

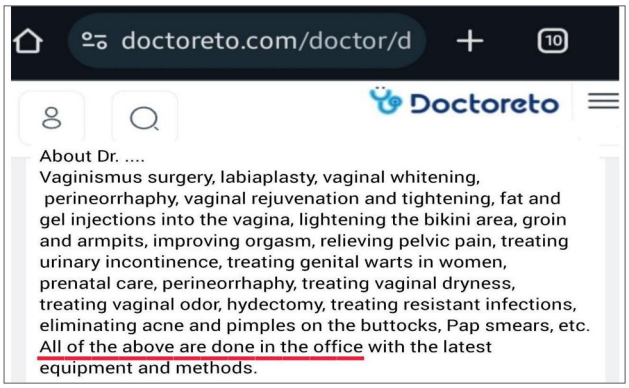

Figure 1. FGCS costs in hospital and clinic.

Our examination reveals instances where midwives or secretaries perform surgeries and assist doctors, rather than specialized professionals. These individuals acquire operational skills through years of assisting doctors, earning them the title of "experimental doctor." Furthermore, there are reports of scenarios where a patient, under anesthesia, undergoes a change of doctor's mid-operation, with the procedure completed by different colleagues who then receive a share of the payment. Such practices have led to the revocation of medical licenses due to ethical violations. Moreover, there are occasions when procedures are carried out by the doctor's trainees or interns, adding another layer of complexity to the ethical concerns within the medical field.

The ease of performing cosmetic surgery in the office (both the patient and the doctor)

Performing surgery in a private clinic serves as a major facilitator, as indicated by 15 out of 26 women who emphasized its importance for Female Genital Cosmetic Surgery (FGCS). Compared to hospitals, clinics offer advantages such as easier access without the need for registration, room booking, or post-surgery recovery room stay. Additionally, the costs are lower (Figure 1), local anesthesia is used without the need for unconsciousness, and risks like hospital infections and surgical errors are minimized. Utilizing advanced surgical technologies can lead to shorter recovery times, enabling a quicker return to normal life and work responsibilities.

Solutions of doctors for patients' financial issues

This factor is categorized into four groups including "complimentary services," "medical practitioners' discounts (provided by healthcare professionals for specific patients, for all patients)," "payment in installments," and "seasonal promotions." Medical professionals employ four different strategies to motivate patients to undergo surgery. Marketers often perform surgeries for free and aim to convince patients by assuring them that the procedure is safe with no postoperative complications, resulting in increased satisfaction with their appearance. Furthermore, they may be perceived as role models. Physicians acknowledge the influential role of marketers in persuading patients to undergo surgery and, as a result, may perform procedures on behalf of marketers at no cost.

In cases where a patient expresses financial constraints by stating, "I cannot afford the surgery," physicians may independently reduce the surgical expenses. For instance, Soheila recounted, "When I informed the physician of my financial limitations, they kindly offered to lower the price." Additionally, doctors may extend discounts to all patients based on national or religious occasions. Furthermore, doctors seek to expand their patient base by offering "special discounts" during cultural and national celebrations like "International Women's Day" and "New Year," or sometimes even without a specific reason.

Figure 2. Unique financial incentives for FGCS patients.

Figure 3. Promotional discounts offered for fat injection.

However, some illegal payment also can be seen in some clinics such as "tax avoidance," "payment using foreign currency," (Figures 2–7).[1]

Our research indicates that patients make payments to doctors in two primary methods: via bank transfer using ATMs or by providing cash in the doctor's office. The latter approach, involving cash transactions, is often illicit and is typically motivated by doctors seeking to evade taxes. Nevertheless, due to economic uncertainties and inflation, some healthcare providers may prefer receiving payments for consultations and surgeries in foreign currencies such as the US dollar or Euro.

[1]. Screenshots have been taken from publicly accessible websites and social media platforms solely for academic and research purposes. No personal or confidential information has been disclosed. The use of these images complies with ethical standards and falls under fair use for educational and non-commercial purposes.

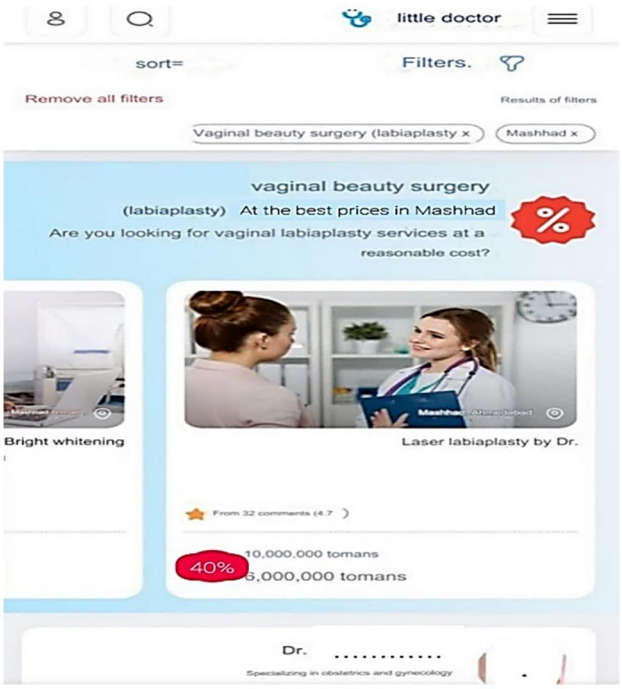

Figure 4. Financial arrangements for FGCS through surgeon–patient negotiation.

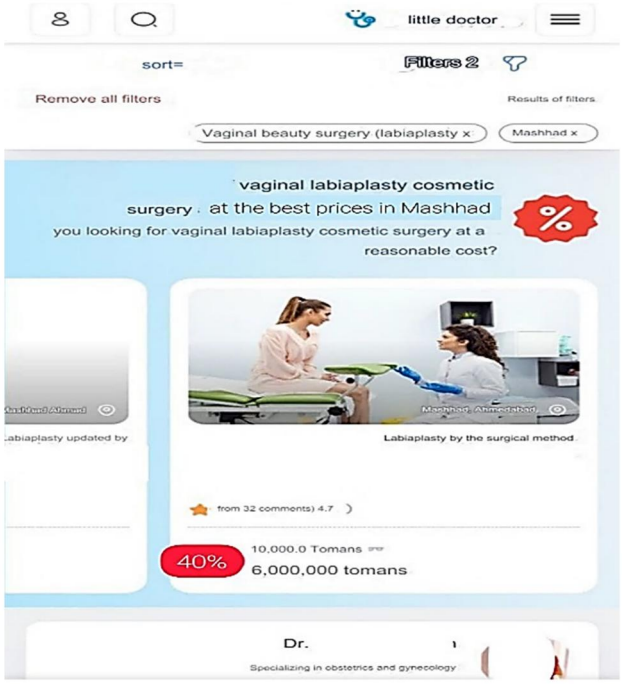

Figure 5. Patient–surgeon cost negotiation enabling deferred FGCS payments.

In the competitive environment where doctors vie for patient attention to enhance their reputation and business prospects, the option of payment in installments becomes crucial. If a patient expresses financial constraints, doctors may

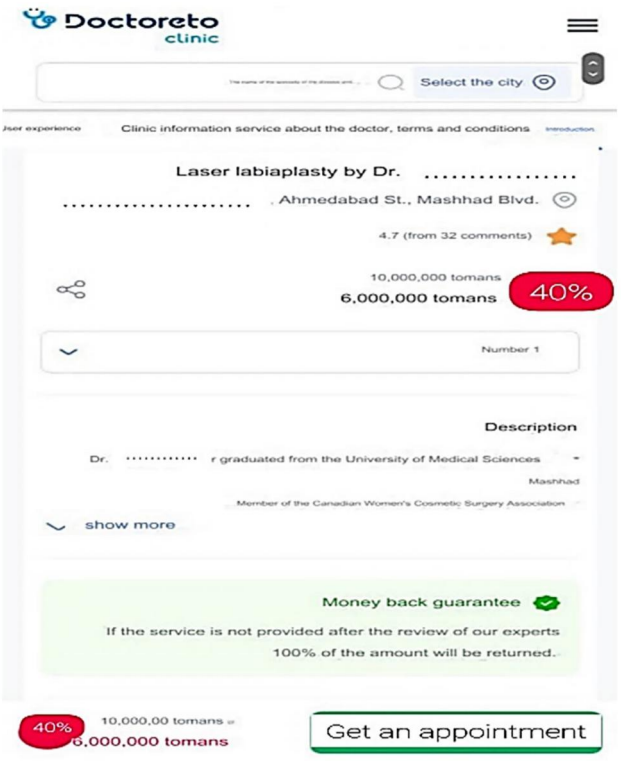

Figure 6. Price reduction strategies applied to FGCS.

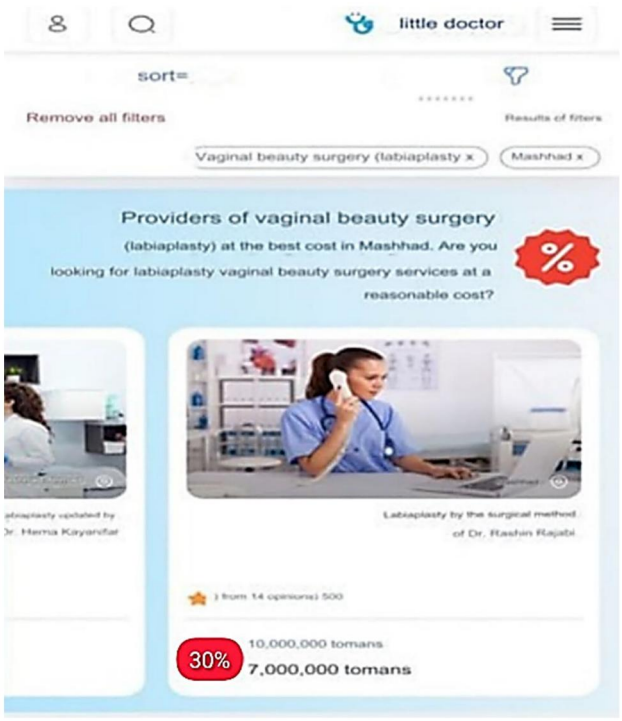

Figure 7. Patient inquiry and physician response on surgical information.

propose a deferred payment plan, allowing the patient to settle the bill over several months. This practice not only contributes to the doctor's reputation but also portrays them as compassionate individuals with a patient-centric approach.

Media

All medical professionals actively engage in various social media platforms such as Instagram and Telegram, as well as maintaining an online presence through websites. Strategies utilized by doctors on Instagram include showcasing their CV, introducing themselves along with their experiences and services through videos, displaying anonymous before-and-after photos of patients, encouraging patients to share their feedback post-surgery, and providing insights into clinic procedures.

Moreover, doctors often capture and share patient testimonials directly on their social media stories, either managing these platforms themselves or delegating the task to administrative staff. Timely responses to patient inquiries play a crucial role in facilitating informed decision-making. Websites serve as platforms for doctors to present their credentials, including medical system registration numbers, years of experience, and numbers of procedures performed, skill sets, office address, and links to social media accounts (Figures 8 and 9). Patients visiting these websites have the opportunity to rate doctors and leave comments (Figures 10–13). While social media fosters interactive communication between patients and doctors, websites primarily facilitate one-way communication due to the absence of published pricing and terms.[2]

Clinic marketing tactics

Midwives and secretaries who have extensive experience working alongside physicians possess a deep understanding of patients' behaviors, attitudes, and requirements. Primarily, they are adept at influencing patients to undergo cosmetic procedures and employing covert strategies to

[2]The visual content presented here is derived from publicly available online sources without breach of user privacy or proprietary rights. All materials have been used ethically and responsibly within the scope of academic research and reporting. The visual content presented here is derived from publicly available online sources without breach of user privacy or proprietary rights. All materials have been used ethically and responsibly within the scope of academic research and reporting.

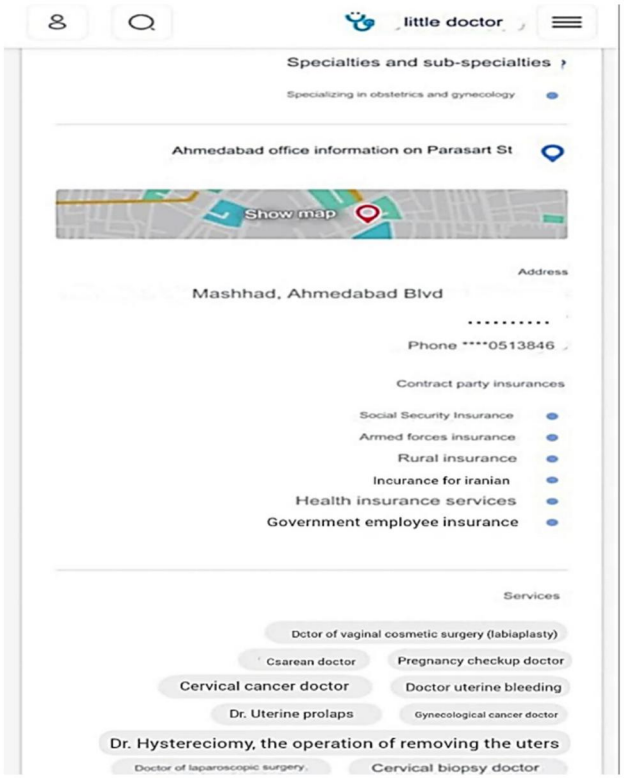

Figure 8. Physicians' use of websites for identity representation.

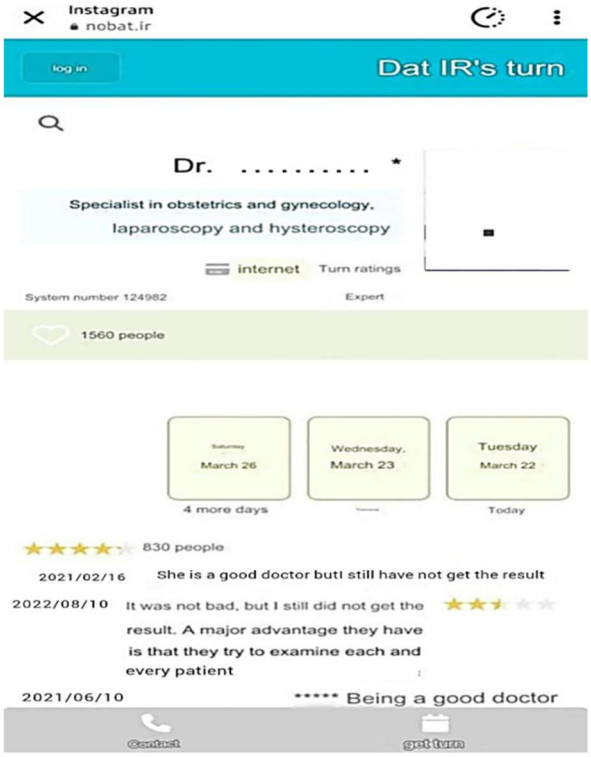

Figure 9. Web base professional identity among gynecologists.

generate revenue from them. In the words of Neda, a secretary working with doctors for a quarter of a century, and Nastaran, who commenced her tenure thirteen years ago, both affirm their familiarity with patient behavior, needs, as well as their proficiency in marketing and attracting clientele to the medical practice.

Performing the operation for the promoter

The initial step in persuading a patient involves the utilization of "marketer's cosmetic surgery" as a living example to showcase the outcomes of specialized surgical procedures, that brings greater satisfaction to the patient. This approach is particularly impactful as it involves a patient sharing their personal experience, stating, "I once told someone who was skeptical about performing the procedure: I had similar concerns about my Genital area in the past, but after undergoing the GCS that performed by skilled doctors, now I feel more content and joyful. My experience was useful to her and she was convinced to do the procedure." as articulated by Bahar. Many medical practitioners opt to offer complimentary marketer's surgeries to enhance their visibility and entice them to attract additional patients.

From a business perspective, doctors incentivize marketers to bring in more patients by offering commissions. Bahar mentioned that, "For each procedure, I receive 50% of the total surgical cost, which represents a favorable negotiation." Moreover, she elaborated, "I actively scour various social media platforms and websites to source images, which I then disseminate across my social networks to effectively influence patients considering FGCS."

Using societal stereotype

Due to the persistence of certain cultural and social stereotypes, some physicians exploit these notions by reinforcing them in the minds of their patients. In doing so, they attempt to persuade or pressure individuals into undergoing cosmetic genital surgeries, presenting the procedures as solutions to problems that are often socially constructed rather than medically necessary. One participant explained: *"The doctor told me that by undergoing cosmetic genital surgery, my genital area would become as attractive and well-shaped as it had been during adolescence."*

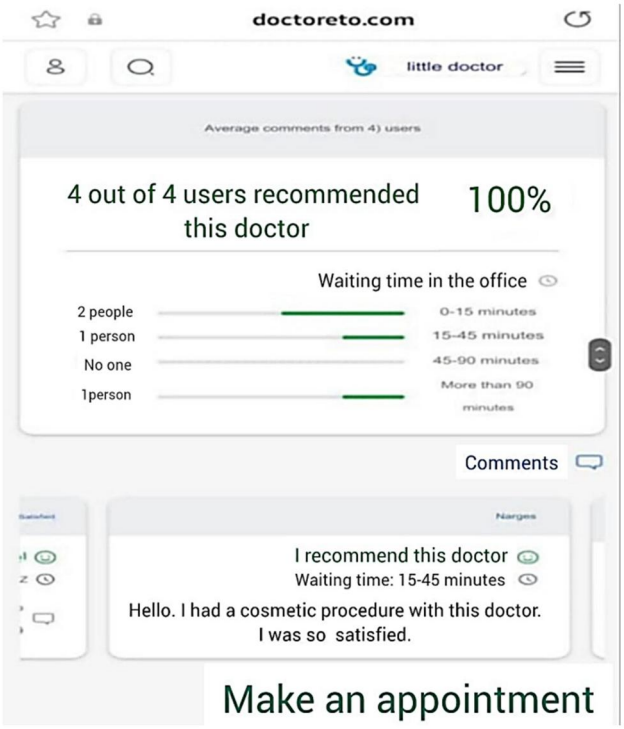

Figure 10. Patients' online evaluations of gynecologists.

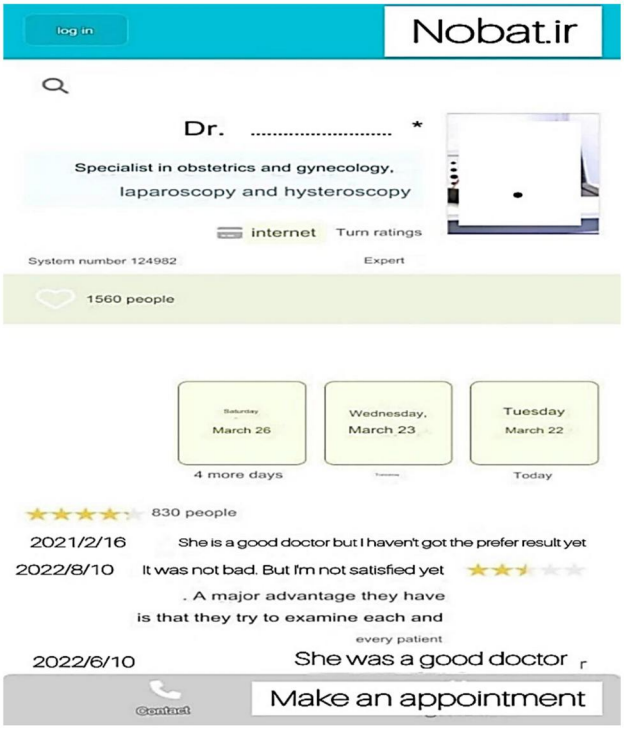

Figure 11. Patient appraisal of gynecologists on websites.

Lack of supervision in private clinics

No supervision is available in the private clinic unfortunately, which poses a risk in case something goes wrong during surgery. It is important to acknowledge concerns regarding professional misconduct among certain physicians. Given that many of these procedures are carried out in private clinics—and occasionally under informal or undisclosed circumstances—regulatory oversight remains limited. For instance, despite Iranian legal provisions requiring spousal consent for specific medical interventions, some women reportedly undergo these surgeries without it. Typically, regulatory authorities intervene only in instances where medical complications arise and official complaints are lodged.

In practice, colporrhaphy procedures are predominantly performed in hospital settings, whereas labiaplasty—an increasingly popular cosmetic intervention—is more commonly conducted in private clinics.

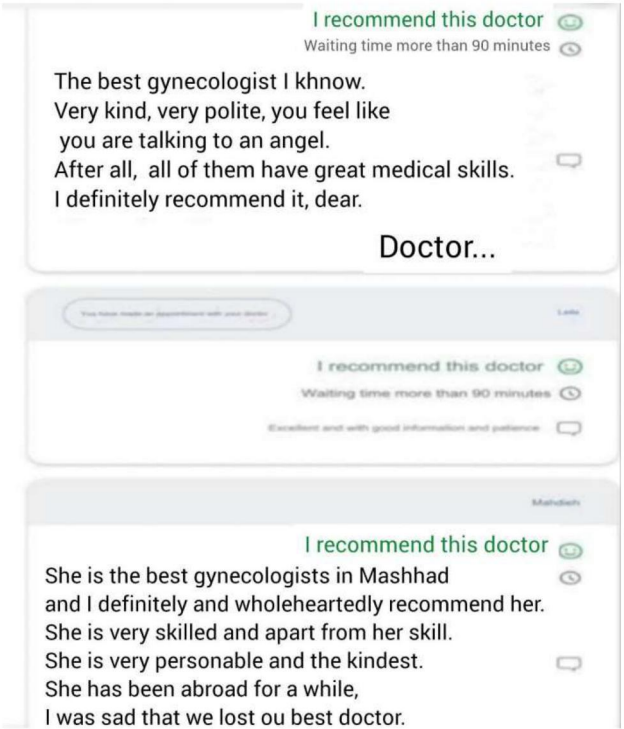

Figure 12. Digital patient feedback on gynecologists.

Patients as a reference group

Patients who are satisfied with the results of cosmetic surgery often serve as a reference group by encouraging their relatives, friends, and families to undergo the same procedures and recommending the surgeon as an expert. Sahar exemplified this by stating, "I have recommended GCS to all my friends due to my high satisfaction with

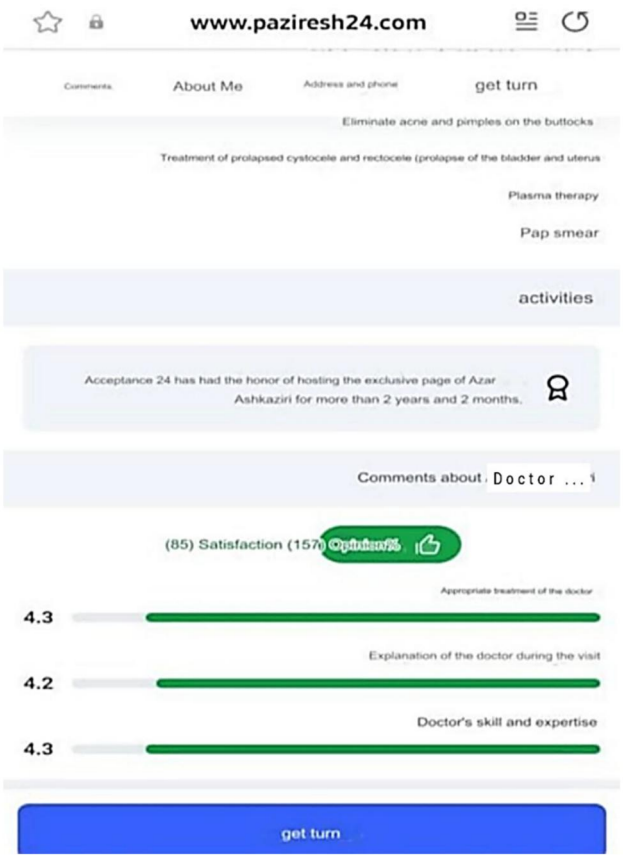

Figure 13. Patient rating to gynecologists on websites.

my genital appearance and sexual well-being (Figure 13)."

Discussion

According to the findings, stereotypes toward women hold significant importance in Iranian culture, rooted deeply in the cultural and religious aspects of Iran. The majority of female issues stem from pregnancy, resulting in changes to the body (Bjelica et al., 2018), yet women aspire to regain their previous toned and muscular physique. Striving to attain the societal ideal of beauty, influenced by Islamic beliefs highlighting the importance of physical appearance in marriage (Haeri, 2014), women seek ways to conform to this standard, often resorting to seeking Female Genital Cosmetic Surgery (FGCS).

In recent decades, Iran's cultural landscape has undergone notable transformations concerning sexuality and gender norms. Scholars have characterized this period as a "sexual revolution," denoting the gradual liberalization of attitudes toward sexual behavior, bodily autonomy, and personal pleasure (Shahrokni, 2019). Whereas historically, discourses surrounding female sexuality were heavily restricted by patriarchal structures and religious prescriptions, contemporary Iranian society—particularly among urban, educated women—has witnessed a growing normalization of sexual expression and conversation (Haeri, 2014; Shahrokni, 2019).

One expression of this cultural shift is the increasing prominence of Female Genital Cosmetic Surgery (FGCS), pursued for reasons including the enhancement of sexual satisfaction (Eftekhar et al., 2019; Shaw et al., 2022), esthetic appearance (Koops et al., 2021), and bodily confidence (Koops et al., 2021; Shaw et al., 2022). Although FGCS remains a subject of global medical and ethical debate, within the Iranian context, it is frequently situated at the intersection of modern biomedical discourse, esthetic ideals, and religious morality. Women who seek FGCS often cite motivations related to heightened sexual pleasure, partner approval, and personal empowerment, framed within the culturally sanctioned boundaries of marital life (Haeri, 2014).

This development also intersects with the nuanced relationship between Islam and sexuality in Iran. While classical Islamic jurisprudence has acknowledged sexual pleasure as a legitimate and valued dimension of marital life, public discussions of female sexual desire and bodily modification have traditionally been limited (Haeri, 2014). However, contemporary religious narratives increasingly permit conversations about women's sexual health and well-being, provided these align with prevailing moral, marital, and religious norms (Shahrokni, 2019). As such, the pursuit of FGCS in Iran illustrates the convergence of enduring religious values, emerging esthetic sensibilities, and evolving sexual norms—reflecting broader processes of cultural negotiation, identity formation, and social change in post-revolutionary Iranian society (Shahrokni, 2019).

The concept of reference groups pertains to individuals identifying with a group to which they are not necessarily direct members but with which they share values, principles, and standards. These groups serve as benchmarks guiding individuals in their judgments and expressions. Reference groups, including family, friends, and even doctors in this

context, play a crucial role in influencing individual behavior within a dynamic environment. Given that humans are inherently social beings, their actions and thoughts are shaped by their interactions with others (Abdel Fattah & El-Din, 2011, p. 76).

Reference groups play a crucial role in shaping individuals' behavior. It is recognized that humans reside in a dynamic environment which inevitably impacts and shapes their actions. Being inherently social creatures, human existence is intricately tied to the dynamics of interpersonal engagement and exchange with others (Abu Rayya, 2018, p. 202).

Social life revolves around interpersonal interactions and connections among individuals and groups. In the digital era, young people are particularly active users of social media, wielding influence through their conduct and communication. Through social platforms, individuals utilize symbols and language to convey their emotions, preferences, and societal trends, thereby impacting the larger community they are part of Ibrahim (2024).

Doctors construct an idealized representation of the female genital area on social media by displaying pre- and post-surgery comparisons. Such portrayals imply that the optimal form of the body and genital area is attainable only through surgical intervention, thereby reinforcing the notion that physical perfection can be achieved via cosmetic procedures.

As noted by Sasanfar et al. (2024), doctors serve as a reference group for patients, yielding a more significant influence compared to other cohorts. Moreover, in the context of Female Genital Cosmetic Surgery (FGCS), practitioners may invoke religious and cultural stereotypes, such as equating femininity with certain physical attributes or promising heightened sexual satisfaction, to entice individuals toward undergoing such procedures.

Furthermore, in line with the cultivation theory, medical professionals leverage this framework to shape patients' perceptions of their bodies, coaxing them toward attaining an ideal physique, fostering optimistic prospects, and nurturing fulfilling relationships through undergoing GCS procedures.

Our examination revealed two distinct scenarios concerning doctors' practices. In one scenario, patients are required to sign a consent form prior to the surgical intervention, while in the other scenario the absence of signed consent forms was evident. For instance, some medical offices mandate the completion of detailed forms, whereas others merely request the patient's national code along with a brief disclaimer absolving the practitioner of any responsibility in case of complications. This lack of standardized documentation and oversight across FGCS procedures underscores the necessity for a unified framework to address legal concerns in case of adversities.

With respect to ethical conduct among healthcare providers and in accordance with Iranian regulations, healthcare professionals such as doctors and nurses are obligated, as professionals rather than employees, to establish and adhere to specific ethical standards. These standards encompass values such as altruism, accountability, integrity, regard for human dignity, fairness, commitment to ongoing learning, and professional excellence (Bazmi, 2023). Nevertheless, there have been instances in Iran where some doctors have failed to fulfill this obligation.

Raeissi et al. (2019) conducted a study on medical malpractice cases in Iran spanning from 1990 to 2018, revealing that in 64% of all complaints, doctors were found guilty. The majority of errors were attributed to obstetrics and gynecology specialists, closely followed by orthopedic surgeons. Common types of medical errors identified included lack of expertise (30.4%), negligence (29.2%), indifference (26.3%), and noncompliance with established protocols (14.1%). The study further highlighted that the highest rate of malpractice incidents occurred in private hospitals, comprising 34.2% of all documented cases. Subsequently, 22.4% of incidents took place in public hospitals without teaching affiliations, while 21.5% were reported in governmental teaching hospitals. Additionally, 12.9% of cases originated from private clinics, 2.1% from charitable institutions, and 4.7% from other healthcare facilities.

It is important to note that the findings of this study represent only the personal experiences of the participants involved. The intention in presenting these narratives is to critically examine gaps in current clinical practices and to underscore the need for enhanced transparency and stricter adherence to professional ethical standards. This research does not attribute specific misconduct to any individual practitioner or institution; rather, it centers solely on the

self-reported accounts and perceptions of the women who participated in the study.

In the realm of surgical expenses and the dynamics of patient-doctor interactions akin to buyer-seller relationships, discussions between patients, clients, and doctors often revolve around procedural costs and methodologies. In such scenarios, surgeons frequently perceive transparency as a risk to their market share and potential client base, thus opting to withhold certain details about the surgical procedures to safeguard patient and client interests. Simultaneously, they present comparative data pre- and post-operation. Given the absence of standardized pricing for such procedures, patients seek mutually agreeable and reasonable pricing structures (Hosseini & Afrasiabi, 2024). These findings underscore the necessity for proactive social interventions leveraging insights from medical and clinical sociologists, as well as informed healthcare professionals, to regulate marketing practices and establish ethical standards and educational frameworks for cosmetic surgery aligned with doctors' social responsibilities. This approach can furnish patients and clients with accurate information, foster a pragmatic outlook, facilitate informed decision-making, and cultivate a more balanced doctor-patient relationship founded on mutual accountability and consensus.

Conclusions

The outcomes of this investigation reveal the prominent role played by social media contents and other online platforms in shaping the main drivers behind individuals opting for surgical procedures. It is endorsed within clinical settings and societal frameworks, with prospective candidates in these promotional domains comprehending the nuances of cosmetic surgery and subsequently taking action. Correspondingly, medical professionals and marketing experts offer resolutions to financial constraints, serving as a catalyst for individuals seeking cosmetic surgery.

Physicians are commonly recognized as a pivotal group of influence within the medical domain. Their medical and esthetic recommendations often result in significant cognitive dissonance for individuals, as patients tend to prioritize the guidance of these authoritative figures over opinions from other sources, including spouses or acquaintances. This dynamic contributes to the inclination of individuals to pursue Gender Confirmation Surgery (GCS).

In Iran, the oversight of professional ethics legislation within the medical sector falls under the purview of the healthcare system. However, the practice of GCS, predominantly conducted in medical practitioners' offices, remains unregulated (Mohseni, 1997, p. 302).

The patient seeks medical assistance from a specialist due to their esteemed status in both the patient's perception and Iranian society. This is attributed to the doctor's expertise, influence, and the respect they command. Such esteem provides the patient with reassurance in terms of diagnosis and treatment, particularly considering the patient's lack of medical knowledge (Mohseni, 1997, pp. 301–302).

Nevertheless, beyond addressing the patient's medical concern, the doctor leverages the patient's visit to their office by employing their demeanor and discourse, shaped by years of experience and interactions with patients, to recommend certain cosmetic procedures (Mohseni, 1997, p. 298). Initially instilling fear and apprehension in the patient, this approach triggers cognitive dissonance. However, the doctor subsequently emerges as a savior, reassuring the patient of advancements in science and the efficacy of cosmetic surgery in resolving the issue.

The patient, influenced by the doctor's authoritative position and unable to critically evaluate their actions, consents to the recommendations (Mohseni, 1997). In this context, the doctor, deviating from medical professional ethics, prioritizes profit-making over the patient's well-being, psychological needs, and individual characteristics and beliefs; in order to maximize financial gains, the doctor might disregard treatment protocols and patient rights. Research indicates that the doctor's office location and reputation foster greater trust among clientele, often resulting in consultations being conducted off insurance coverage (Mohseni, 1997).

Recommendation

It was proposed that the provision of education to female patients prior to undergoing Female Genital Cosmetic Surgery (FGCS) should specifically focus on elucidating the natural variations in

labial anatomy. Through the dissemination of comprehensive knowledge, individuals can enhance their understanding of their anatomies and engage in well-informed decision-making regarding potential surgical procedures. Furthermore, it has been recommended to incorporate psychological and sexual counseling into the preoperative phase. Obstetrician-gynecologists are also encouraged to assume a pivotal role in effectively guiding patients through this process, leveraging their expertise to address patient apprehensions.

Enhancing the patient-physician relationship, upholding medical ethics, enhancing the scientific and technical competencies of healthcare professionals, and adhering to established guidelines and medical protocols are essential in averting medical negligence. Consequently, policymakers in the healthcare sector can mitigate instances of errors and shortcomings by embracing continuous education pertaining to medical, ethical, and legal matters.

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